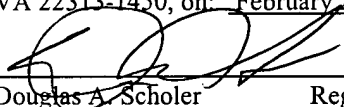
**PATENT**

Att'y Docket No. ROWE/03/124

Confirmation No. 5179**CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postage prepaid in an envelope addressed to: Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on: February 22, 2005.



Douglas A. Scholer Reg. No. 52,197 DATE 2/22/05

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James M. Campos Art Unit: 3762
Serial No.: 10/ 047,745 Examiner: Kennedy Schaetzle
Filed : January 15, 2002
For : RESONANT MUSCLE STIMULATOR

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. ☒ Transmitted herewith is an Amendment and Response.
2. ☒ Small Entity status for this application has been previously requested and is still proper.
☐ Enclosed is a verified statement to establish Small Entity status
☐ Other than a Small Entity
3. The fee has been calculated as shown below:

CALCULATION OF FEES

Fee:	Number of Claims After Amendment:		Previously Paid For:	No. Extra:	At Rate:	Amount:
Total Claims	56	minus	59	0	\$25	\$0.00
Independent Claims	4	minus	5	0	\$100	\$0.00
MULTIPLE DEPENDENT CLAIM FEE					\$180	\$0.00
TOTAL FEE FOR CLAIMS:						\$0.00

- ☒ No additional fee for claims is required.

4. ☐ Attached is a check in the sum of \$_____ for additional claims.
☐ Please charge my Deposit Account No. 23-3000 in the amount of \$_____.

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. Complete (a) or (b) as applicable.

- ☒ (a) Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	<u>Ext. Mos.</u>	<u>Large entity</u>	<u>Small entity</u>
<input checked="" type="checkbox"/>	one month	\$ 120.00	\$ 60.00
<input type="checkbox"/>	two months	\$ 450.00	\$ 225.00
<input type="checkbox"/>	three months	\$1,020.00	\$ 510.00
<input type="checkbox"/>	four months	\$1,590.00	\$ 795.00
<input type="checkbox"/>	five months	\$2,160.00	\$1,080.00

Extension fee due with this request:

\$ 60.00

Method of Payment:

Check enclosed in the amount of \$ 60.00

If an additional extension of time is required, please consider this a petition therefor.

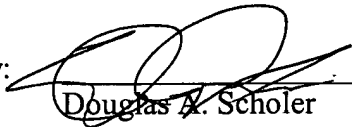
(Check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured and the fee paid thereof of \$_____ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$_____.
- OR**
- ☐ (b) Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.
6. ☒ If any additional fee for claims or extension of time is required, charge Account No. 23-3000.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

By:


Douglas A. Scholer
Reg. No. 52,197

2700 Carew Tower
441 Vine Street
Cincinnati, Ohio 45202-2917
Telephone: (513) 241-2324
Facsimile: (513) 241-6234

Enclosed:

Amendment Transmittal (in duplicate) containing Certificate of Mailing under 37 C.F.R. 1.8
Amendment and Response
Replacement Drawing Sheet for Figs. 12A-C
Annotated Sheet Showing Changes to Figs. 12A-C
Check for \$60.00 for a One-Month Extension of Time Fees
Reply Postcard